

### Shelter Preparation Form

Unit:  Building:

#### SECTION 1 - EMERGENCY CONTACTS

**UNIT SAFETY LIAISON**

Name (Last, First)

Phone Number

**BUILDING COORDINATOR**

Name (Last, First)

Phone Number

**NEAREST HOSPITAL**

Name

Phone Number

Street Address

City, State, Zip Code

**UNIVERSITY POLICE**

Dial 911 from a University Phone or  
703-993-2810 from a Cell or Off-Campus

#### SECTION 2 - SHELTER AREA

	Building	Room Number
Shelter Area 1		
Shelter Area 2		
Shelter Area 3		
Shelter Area 4		

#### SECTION 3 - SAFETY SUPPLIES

	Location 1	Location 2
First Aid Kit		
Radio/NOAA Weather Radio		
Flashlight and Spare Batteries		
Non-Perishable Food		
Bottled Water		
Other:		

#### COMMENTS

Completion Date: \_\_\_\_\_ Review Date: \_\_\_\_\_